

CLAIMS ONLY						Application Number 10697745	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1	I								
2		I							
3		I							
4		I							
5									
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43	I								
44		I							
45		I							
46		I							
47		I							
48		I							
49		I							
50									
Total Indep							6		
Total Depend							58		
Total Claims							64		